

Office of Public Carrier
Delaware Transit Corporation
119 Lower Beech Street, Suite 100
Wilmington DE 19805-4440
1-800-652-3278, Prompt 7 Fax 302-577-1042
M-F 8:30 am to 4:00 pm

**APPLICATION TO AMEND CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
TO ADD VEHICLES AND/OR TERRITORY**

SECTION I - APPLICANT INFORMATION

Application Type:
(Check Appropriate Box)

Applicant Name:

Trading As:

Address:

Business Phone Number:

Business FAX Number:

E-Mail Address:

Website Address:

Add Vehicles ☐

Add Territory ☐

SECTION 2: AMENDMENT INFORMATION

Type of Service:

Taxi ☐ Limousine ☐ Charter Bus ☐

Non-Emergency Medical ☐ Fixed Route ☐

Current No of Vehicles:

No. of Additional Vehicles
Requested:

Current Territory:

New Castle County ☐ Kent County ☐ Sussex County ☐

Additional Territory
Requested:

New Castle County ☐ Kent County ☐ Sussex County ☐

SECTION 3: HOURS OF OPERATION

Year-Round Operation: Yes ☐ No ☐

If Seasonal: From: _____ To: _____

Hours of Operation: From: _____ To: _____

Additional Information:

SECTION 4: ADDED VEHICLE INFORMATION

Please submit copies of the vehicle registration cards for all vehicles to be added that Applicant owns. If Applicant intends to purchase vehicles if Application is approved, please attach a purchase quotation or letter of intent to purchase (A registration card has to be provided within 180 days Application approval).

Please label copies as Attachment A.

Year	Make	Model	Vehicle I.D. No. (Vin)	Seating Capacity

SECTION 5: DRIVER INFORMATION

Please include a copy of each driver's license and driving record from driver's current state of residence. Attach a list if more room is needed.

Please label copies as Attachment B.

First Name	Last Name	SSN	Date of Birth	Driver License No. and State

SECTION 6: AUTO LIABILITY INSURANCE

If applying to add additional vehicles, Applicant must obtain and maintain automobile insurance coverage from an insurance company authorized to do business in the State of Delaware in an amount that meets or exceeds statutory requirements. Please attach a copy of the insurance policy, or quotation for coverage, showing coverage to be provided for the proposed additional vehicles.

Taxi	Minimum Coverage – Bodily injury or death per person per accident	\$25,000
	Minimum Coverage – Per accident for property damage	\$10,000
	Minimum Coverage – Personal injury protection per accident	\$30,000
All Others	Minimum Coverage – Bodily injury or death per person per accident	\$100,000
	Minimum Coverage – Per accident for property damage	\$50,000
	Minimum Coverage – Personal injury protection per accident	\$30,000

Please label copies as Attachment C.

SECTION 7: BACKGROUND CHECK

All business owners, officers, directors, members and managers must qualify for a Delaware “Z” driver’s license endorsement. This requires completing and submitting to a Federal Bureau of Investigation and State Bureau of Investigation criminal history background check to verify that they have not committed any crimes that would disqualify them from obtaining a “Z” endorsement. Please attach a copy of verified criminal background checks.

Please label copies as Attachment D.

SECTION 8: RATES

On the Applicant’s letterhead, please provide a listing of the proposed rates to be charged to customers in the requested additional vehicles and/or territory. If proposed rates have been previously approved by the Office of Public carrier please submit the approved rates. Please note that rates cannot be changed without the approval of the Office of Public Carrier. Only vehicles equipped with a compliant taximeter can utilize a per mile rate.

Please label copies as Attachment E.

SECTION 9: PUBLIC NEED FOR OPERATIONS

Applicant must provide evidence that the addition of the requested vehicles and/or territory will meet a public need and serve a useful public purpose, a useful public necessity and a useful public convenience. Applicant may provide evidence by completing and submitting Attachment F, or submit a business plan detailing the Applicant’s responses to the aforementioned statutory requirements.

Please label copies as Attachment F.

SECTION 10: APPLICANT SIGNATURE

Please read the following statement carefully before signing this Application.

I, the undersigned, certify under penalty provided by law, that the statements made and the information furnished in this Application are true, correct, and complete to the best of my knowledge and belief and I have the authority to bind the Applicant to the information provided. I understand that the providing false information or omitting substantive information may cause the rejection of this Application or revocation of a Certificate of Convenience and Necessity, if issued.

Applicant Signature: _____

Print Name: _____ **Date:** _____

FOR OFFICE USE ONLY

Reviewer _____ Date _____

Application Completion Date _____

Fee Paid \$ _____ Date Fee Received _____

Intervention Period Start _____ End _____

Interventions Received _____ Date(s) _____

Complete Intervention Section if Interventions Received

Application Approval Date _____ Denial Date _____

Comments: _____

Reviewer Signature _____ **Date** _____

FOR OFFICE USE ONLY
INTERVENTION AND HEARING

Office of Public Carrier Reviewer _____

Interveners(s) _____

Intervention Description _____

Hearing Officer _____
(Print Name)

Hearing Date _____ Hearing Location _____

Hearing Start Time _____ Hearing Completion Time _____

Stenographer _____

Hearing Office Decision _____

Hearing Office Signature _____ Date _____